Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Major depressive disorder (MDD): percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD with documentation of the patient's response to treatment three times in the first 90 days following diagnosis, and, if patient has not improved, documentation of treatment plan review or alteration.

Source(s)

American Psychiatric Association (APA), American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Adult major depressive disorder performance measurement set. Washington (DC): American Psychiatric Association (APA); 2013 Jan. 53 p. [32 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) who have documentation of response to treatment three times in the first 90 days following diagnosis, and, if patient has not improved, documentation of treatment plan review or alteration.

Rationale

The ongoing assessment of a patient's response to depression treatment is necessary to track changes in symptomology, side-effects due to treatment, adherence to treatment and functional status. The ongoing assessment also allows for the development and refinement of a treatment plan. The conclusion of the acute phase of treatment is remission, which ideally occurs within the first 6 to 12 weeks of therapy. The

primary goal of the second phase, the continuation phase, is to sustain remission and prevent relapse (Management of MDD Working Group, 2009). Recurrence of depression after a first episode is common (Management of MDD Working Group, 2009). Clinicians should educate patients and their families to self-assess for symptoms and risk for recurrent episodes. Surveillance for recurrence or relapse should continue indefinitely (Management of MDD Working Group, 2009).

Of those diagnosed with depression, McGlynn and colleagues (2003) found that only 26% have medication treatment visits or telephone contacts at least once in the 2 weeks following initial diagnosis. Furthermore, during the first year of treatment, only 54% of patients have the degree of response/remission and side effects of medication assessed and documented at each visit during which depression is discussed (McGlynn et al., 2003). Hepner and colleagues (2007) found that of those with depression, only 59% of vulnerable patients receive adequate monitoring by primary care physicians during the continuation phase of treatment, and only 38% of nonresponsive patients receive a treatment adjustment.

The following evidence statements are quoted verbatim from the referenced clinical guidelines. Only selected portions of the clinical guidelines are quoted here; for more details, please refer to the full guideline.

The patient's response to treatment should be carefully monitored (American Psychiatric Association [APA], 2010).

Tailoring the treatment plan to match the needs of the particular patient requires a careful and systematic assessment of the type, frequency, and magnitude of psychiatric symptoms as well as ongoing determination of the therapeutic benefits and side effects of treatment (APA, 2010).

Systematic assessment of symptoms, side effects, adherence, and functional status is essential and may be facilitated through the use of clinician- and/or patient administered rating scales (APA, 2010).

Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month (APA, 2010).

Generally, 4 to 8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention (APA, 2010).

Response to treatment – In addition to a clinical interview, a determination of a patient's response to treatment can be aided by the presence of certain scores for particular depression severity rating scales. For examples, refer to the chart in the original measure documentation, which includes suggested response to treatment thresholds from a list of depression severity rating scales/validated tools. The validated tools used may include any of the examples, all of which are based on the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR) criteria for MDD. Other validated tools based on the DSM-IV-TR criteria may be available and would be acceptable for this measure.

During the acute phase of treatment, patients should be carefully and systematically monitored on a regular basis to assess their response to pharmacotherapy, identify the emergence of side effects (e.g., gastrointestinal symptoms, sedation, insomnia, activation, changes in weight, and cardiovascular, neurological, anticholinergic, or sexual side effects), and assess patient safety (APA, 2010).

During the continuation phase of treatment, the patient should be carefully monitored for signs of possible relapse (APA, 2010).

After initiation of therapy or change in medication or dose adjustment, patients should be monitored in person or by phone on a monthly basis. Clinicians can use these encounters to assess adherence to medication and psychotherapy, emergence of adverse effects, symptom breakthrough, suicidality, and psychosocial stress (Management of MDD Working Group, 2009).

To assess response to treatment, depressive symptoms should be carefully assessed at follow-up visits.

The Patient Health Questionnaire (PHQ-9) is a validated self- or interviewer administered instrument that assesses DSM-IV-TR criterion symptoms, effects on functioning, and suicidal ideation. In addition, it can be scored as a continuous measure to assess severity and monitor treatment response. The PHQ-9 can be administered in less than 2 minutes, is simple to score, has an average reading level, and is available in multiple languages. The PHQ-9 should be used to monitor treatment response at 4 to 6 weeks after initiation of treatment, after each change in treatment, and periodically until full remission is achieved (Management of MDD Working Group, 2009).

The goal of treatment should be to achieve remission. Remission is defined as the absence of depressive symptoms or the presence of minimal depressive symptoms. Response is defined as a 50 percent or greater reduction in symptoms (as measured on a standardized rating scale) and partial response is typically defined as a 25 to 50 percent reduction in symptoms. For some standardized questionnaires (e.g., PHQ-9), specific changes in scores have been defined for the minimum clinically important improvement. Patients who have not shown at least a partial response by 4 to 6 weeks are unlikely to respond to that treatment. Therefore, a reasonable criterion for extending the initial treatment is if the patient is tolerating the treatment and experiencing clinically significant improvement at 4 weeks of therapeutic dose. For psychological treatments, response may be delayed, so the decision point for continued treatment may be delayed to 6 to 8 weeks (Management of MDD Working Group, 2009).

A large body of literature studying the effectiveness of either pharmacotherapy or psychotherapy or both, typically report at least a partial remission (50 percent symptom reduction) within four to six weeks of treatment. Full response, defined as minimal or no symptoms, often requires a longer duration of treatment and full restoration of psychosocial functioning may take several months. Patients may discontinue treatment at the four to six week interval if either the symptoms are not improving or the symptoms have remitted somewhat despite the natural course of the illness. The four to six week patient visit is an important time to reinforce the need for continued treatment, possible treatment modification, patient education and assessment of adherence (Management of MDD Working Group, 2009).

Evidence for Rationale

American Psychiatric Association (APA), American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Adult major depressive disorder performance measurement set. Washington (DC): American Psychiatric Association (APA); 2013 Jan. 53 p. [32 references]

American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct. 152 p.

Hepner KA, Rowe M, Rost K, Hickey SC, Sherbourne CD, Ford DE, Meredith LS, Rubenstein LV. The effect of adherence to practice guidelines on depression outcomes. Ann Intern Med. 2007 Sep 4;147(5):320-9.

Management of MDD Working Group. VA/DoD clinical practice guideline for management of major depressive disorder (MDD). Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 May. 203 p.

McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. N Engl J Med. 2003 Jun 26;348(26):2635-45. PubMed

Primary Health Components

Major depressive disorder (MDD); response to treatment; treatment plan

Denominator Description

All patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD)

Numerator Description

Patients with documentation of the patient's response to treatment three times in the first 90 days following diagnosis, and, if patient has not improved, documentation of treatment plan review or alteration (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Prevalence and Incidence

- Major depressive disorder affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population aged 18 and older in a given year (National Institute of Mental Health [NIMH], 2010).
- While major depressive disorder can develop at any age, the median age at onset is 32 (NIMH, 2010).
- Major depressive disorder is more prevalent in women than in men (NIMH, 2010).
- Depressive disorders are more common among persons with chronic conditions (e.g., obesity, cardiovascular disease, diabetes, asthma, arthritis, and cancer) and among those with unhealthy behaviors (e.g., smoking, physical inactivity, and binge drinking) (Centers for Disease Control and Prevention [CDC], 2010).

Disability

- Major depressive disorder is the leading cause of disability in the U.S. for ages 15 to 44 (NIMH, 2010).

Suicide

- Research has shown that more than 90% of people who kill themselves have depression or another diagnosable mental or substance abuse disorder (Conwell & Brent, 1995).
- Depression is the cause of over two-thirds of the 30,000 reported suicides in the U.S. each year (Depression and Bipolar Support Alliance, 2010).
- The suicide rate for older adults is more than 50% higher than the rate for the nation as a whole. Up to two-thirds of older adult suicides are attributed to untreated or misdiagnosed depression (Depression and Bipolar Support Alliance, 2010).

Disparities

Non-Hispanic blacks, Hispanics, and non-Hispanic persons of other races are more likely to report major depression than non-Hispanic whites, based on responses to the Patient Health Questionnaire 8 (PHQ-8), which covers eight of the nine criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) for diagnosis of major depressive disorder (CDC, 2010). For individuals who experienced a depressive disorder in the past year, 63.7% of Latinos, 68.7% of Asians, and 58.8% of African Americans, compared with 40.2% of non-Latino whites, did not access any mental health treatment in the past year (Alegría et al., 2008).

Special Populations: Geriatrics

The rate of depression in adults older than 65 years of age ranges from 7% to 36% in medical outpatient clinics and increases to 40% in the hospitalized elderly (Institute for Clinical Systems Improvement [ICSI], 2010).
Comorbidities are more common in the elderly. The highest rates of depression are found in those with strokes (30% to 60%), coronary artery disease (up to 44%), cancer (up to 40%), Parkinson's disease (40%), and Alzheimer's disease (20% to 40%) (ICSI, 2010).
Similar to other groups, the elderly with depression are more likely than younger patients to underreport depressive symptoms (ICSI, 2010).

Evidence for Additional Information Supporting Need for the Measure

AlegrÃa M, Chatterji P, Wells K, Cao Z, Chen CN, Takeuchi D, Jackson J, Meng XL. Disparity in depression treatment among racial and ethnic minority populations in the United States. Psychiatr Serv. 2008 Nov;59(11):1264-72. PubMed

American Psychiatric Association (APA), American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Adult major depressive disorder performance measurement set. Washington (DC): American Psychiatric Association (APA); 2013 Jan. 53 p. [32 references]

Centers for Disease Control and Prevention (CDC). Current depression among adults---United States, 2006 and 2008. MMWR Morb Mortal Wkly Rep. 2010 Oct 1;59(38):1229-35. PubMed

Conwell Y, Brent D. Suicide and aging. I: Patterns of psychiatric diagnosis. Int Psychogeriatr. 1995 Summer;7(2):149-64. PubMed

Depression and Bipolar Support Alliance. Depression statistics. [internet]. Chicago (IL): Depression and Bipolar Support Alliance; [accessed 2010 Nov 22].

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 May. 99 p. [246 references]

National Institute of Mental Health (NIMH). The numbers count: mental disorders in America. [internet]. Chicago (IL): National Institute of Mental Health (NIMH); [accessed 2010 Nov 22].

Extent of Measure Testing

This measure is being made available without any prior testing. The Physician Consortium for Performance Improvement (PCPI) recognizes the importance of testing all of its measures and encourages testing of the Adult Major Depressive Disorder measurement set by organizations or individuals positioned to do so. The Measure Testing Protocol was approved by the PCPI in 2010 and is available on the PCPI Web site (see Position Papers at http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement.page); interested parties are encouraged to review

this document.

Evidence for Extent of Measure Testing

American Psychiatric Association (APA), American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Adult major depressive disorder performance measurement set. Washington (DC): American Psychiatric Association (APA); 2013 Jan. 53 p. [32 references]

National Guideline Clearinghouse Link

Practice guideline for the treatment of patients with major depressive disorder, third edition.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Behavioral Health Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD)

Exclusions
Unspecified

Exceptions
None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Patients with documentation of the patient's response to treatment three times in the first 90 days following diagnosis, and, if patient has not improved, documentation of treatment plan review or alteration

Note:

> Documentation of patient's response to treatment must include a systematic assessment of symptoms, side effects, adherence, functional status, and suicidal ideation. Assessment may be facilitated through the use of validated clinician and/or patient administered rating scales.
> Telephone or electronic follow-up is acceptable if patient does not come into clinician's office.
> To determine improvement – minimum requirement = a statement from the clinician and patient stating that improvement is occurring in either the second or the third visit.

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #6: depression care follow up: assessment of response to treatment.

Measure Collection Name

Adult Major Depressive Disorder Performance Measurement Set

Submitter

American Psychiatric Association - Medical Specialty Society

Developer

American Psychiatric Association - Medical Specialty Society

Physician Consortium for Performance ImprovementÂ® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

None of the members of the Adult Major Depressive Disorder Work Group had any disqualifying material interests under the Physician Consortium for Performance Improvement (PCPI) Conflict of Interest Policy. A summary of non-disqualifying interests disclosed on Work Group members' Material Interest Disclosure Statements (not including information concerning family member interests) is provided in the original measure documentation. Completed Material Interest Disclosure Statements are available upon request.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 Jan

Measure Maintenance

The Physician Consortium for Performance Improvement (PCPI) stipulates a regular review of measures every 3 years or when there is a major change in scientific evidence, results from testing or other issues noted that materially affect the integrity of the measure.

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source not available electronically.

For more information, contact the American Psychiatric Association (APA) at 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209; Phone: 888-357-7924; E-mail: apa@psych.org; Web site: psychiatry.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on October 8, 2015. The information was verified by the measure developer on November 25, 2015.

Copyright Statement

Production

Source(s)

American Psychiatric Association (APA), American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Adult major depressive disorder performance measurement set. Washington (DC): American Psychiatric Association (APA); 2013 Jan. 53 p. [32 references]

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